## Interim Designation of Agent to Receive Notification of Claimed Infringement

| Alternative Name(s) of Service Provider (inc provider is doing business): Medcom, Medcom  |  |
|---|--|
| medcomrn.com  | com-Trainex, Medcominc.com,                          |
| Address of Service Provider: 6060 Phy11   | lis Drive, Cypress, CA 90630                         |
| Name of Agent Designated to Receive<br>Notification of Claimed Infringement:  | Pat Muecke   |
| Full Address of Designated Agent to which Nor similar designation is not acceptable except where it is the location):  Medcom, Inc., 6060 PHYLLIS | e only address that can be used in the geographic    |
| Telephone Number of Designated Agent:   | (800) 877-1443                                       |
| Facsimile Number of Designated Agent:   | (714) 891-3140                                       |
| Email Address of Designated Agent: 1eg  | gal@medcominc.com                                    |
| Signature of Officer or Representative of the De  | esignating Service Provider: Date: September 9, 2002 |
| Typed or Printed Name and Title: Patrici Vice Pr  | a A. Muecke<br>Cesident, Finance                     |

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



SEP 1 9 2002 COPTICE

